

5/7 (11) paid

APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

FOR LICENSING, ACTON BOARD OF SELECTMEN ONLY

Date Recorded 5/7/12
Amount Paid 50

Application Fee \$0 License Fee \$50

Date: 4/7/12

Farmer Winery Legal Name: Green River Ambrosia LLC

Business DBA Name (if applicable): _____

Address with Zip Code: 26 Grinnell St Greenfield, MA 01301

Tax Identification Number: Check one: ☐ SSN ☒ FEIN 20-8438299

Primary Contact: Phone: 413-774-5350

Address with Zip Code: Same

Name of Agricultural Event: Acton - Boxborough Farmers Market

Location: West Acton Pearl St

Items for Sale and/or Sampling: Mead (honey-wine)

Date(s) and Time(s): SUNDAYS 10am-1pm

Type of Business (Check one): ☐ Sole Proprietor ☒ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: As above

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Have you ever obtained a special farmer winery license to sell before? Y ☒ N ☐

If yes, list event(s):

ABFM 2011, Northampton Tuesday Market, Northampton Winter Market
N. Amherst Market, Wayland Winter Farmers Market

Have you ever had a special farmer winery license denied, revoked or suspended? Y ☐ N ☒

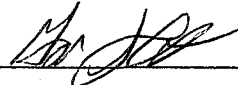
If yes, explain: _____

Attach proof of certification that the applicant is a Farmer Winery.

Attach proof of certification that the event is an Agricultural Event.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Town of Acton's Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Town of Acton.

Signature of Applicant:  Date: 4/10/12

Print Name: Garth Shaneyfelt

Phone: 413-774-5350

Obtain the signatures below before submitting this form to the Licensing Commission.

☐ Approved ☐ Denied Date

Fire Prevention Deputy Chief or Designee

☒ Approved ☐ Denied Date

Police Chief or designee



☒ Approved ☐ Denied Date

Inspectional Services Commissioner or designee



**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Green River Ambrosia LLC

*Signature of Individual or Corporate Name (Mandatory)

[Signature]

By: Corporate Officer (Mandatory, if a corporation)

20-8438299

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Green River Ambrosia LLC N/A
Address: 26 Grinnell St
City: Greenfield State: _____ Zip: 01301 Phone #: 413-774-5350

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input checked="" type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 4/22/12
Print Name: Garth Shaneyfelt for Green River Ambrosia LLC

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____

**APPLICATION BY A FARMER WINERY FOR LICENSE TO SELL AT A
FARMER'S MARKET
(CH.138, \$15F)**

YEAR 20

12

1. Licensee Information:

ABCC License Number:
(If Existing Licensee)

Name of Applicant: Green River Ambrosia LLC

Business Name (d/b/a if different):

Mailing Address: 26 Grinnell St, Greenfield, MA 01301

City/Town: greenfield State MA Zip 01301

Manager of Record: Garth Shaneyfelt

Phone Number of Premises: 413-774-5350

Other Phone:

Email: Garth@greenriverambrosia.com

Website: www.greenriverambrosia.com

Contact Person concerning this application (attorney if applicable):

Name: Garth Shaneyfelt

City/Town: Greenfield State MA Zip 01301

Address: 26 Grinnell St

Email: garth@greenriverambrosia.com

Contact Number: 413-774-5350

Fax Number:

2. Event Information:

A. Farmer's Market licenses are only permitted at events that the Department of Agriculture has certified as Agricultural Events.

Please attach document from Department of Agricultural Resources certifying that this is an agricultural event.

Date(s) of Event: Acton-Boxborough Farmers Market Sundays June-Oct

B. Contact person for applicant during event:

Name: Garth

Phone number of contact: 413-522-2491

C. Description of the premises within the Farmer's Market:

Address of Premises for the Sale of Wine: Pearl St

City/Town: West Acton

State

MA

Zip

Phone Number of Premises:

n/a

Describe Area to be Licensed:

10x10 popup booth at farmers market

**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A
FARMER'S MARKET
(CH.138, §15F)**

3. Existing License(s) to Manufacture, Export and Sell at Retail:

List the license(s) you hold which authorize the manufacture, exportation and retail sale of wine to consumers: (Attach a copy of each license)

Name	License Type	License Address
Green River Ambrosia LLC	farmer-winery	324 Wells St, greenfield, MA 01301

4. Are you providing, without charge, samples of wine to prospective customers?

Yes ☒ No ☐

Section 15F specifically requires that "all samples of wine shall be served by an agent, representative or solicitor of the licensee."

A. If yes, please provide names and addresses of all agents, representatives and solicitors:

Name	Address	ABCC License Number

B. Proof of Age for Sale to Consumers:

Please identify all methods by which you will obtain proof of age before providing samples or making any sales of wine to consumers :

checking ID

5. Transportation and Delivery:

Please identify in detail all persons or businesses that are licensed under M.G.L. c. 138, §22 that will be making any delivery of wine on your behalf to the Farmer's Market in Massachusetts.

N/A

*If additional space is needed, please use last page.

**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A
FARMER'S MARKET
(CH.138, §15F)**

6. Safety and Tax Registration:

Has the Farmer's Market registered with the Food and Drug Administration? Yes ☐ No ☒ Registration Date:

7. Disclosure of License Disciplinary Action:

Have any of the your licenses to sell alcoholic beverages ever been suspended, revoked or cancelled? Yes ☐ No ☒

If yes, list said interest below:

Date	License	Reason why license was Suspended, Revoked or Cancelled

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

Note: The LLA may require additional information.

Signature

Garth Sherrybell *cmj*

Title

Member-Manager

Date

4/26/2012

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

RICHARD K. SULLIVAN JR.
Secretary

SCOTT J. SOARES
Commissioner

March 23, 2012

Garth Shaneyfelt
Green River Ambrosia
26 Grinnell St.
Greenfield, MA 01301

6/27 (Merrill?)

8/5 (Greenfield?)
or 8/19

9/2

9/30

10/19

Re: Certification of Agricultural Event Pursuant to M.G.L. c. 138, Section 15F

Dear Mr. Shaneyfelt:

Please be advised that your application for certification of The Acton Boxborough Farmers' Market, Sundays, 10:00 am to 1:00 pm, June 17 to October 21, 2012 as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved. A copy of this letter has been sent to the event management.

Please remember that, upon certification of an agricultural event by MDAR, the farm-winery must submit a copy of the approved application to the local licensing authority along with the application for obtaining a special license from the city or town in which the event will be held. Upon issuance of a special license, the farm-winery should confirm that a copy of the special license was sent by the local licensing authority to the Alcoholic Beverages Control Commission (ABCC) at least seven (7) days prior to the event.

Sincerely,

Scott J. Soares, Commissioner

Enclosure

Cc: Jennifer Taylor Campbell

The Commonwealth of Massachusetts

Department of the State Treasurer

Certificate Number 315



License Number FW-57

Alcoholic Beverages Control Commission

Hereby Grants a
FARMER-WINERY LICENSE

To: Green River Ambrosia, LLC - Garth Shaneyfelt, General Manager

Business Address: 324 Wells Street, Greenfield, MA, 01301

On the following described premises: (One story cement building; two entrances and exits.)

This license authorizes the above-named holder: (1) to produce, rectify, blend, or fortify from fruits, flowers, herbs or vegetables wine containing not more than 24 per cent of alcohol by volume at 60 degrees Fahrenheit; and, (2) to sell wine or winery products: (a) at wholesale to any person holding a valid wholesaler's and importer's license under section 18; (b) at retail or wholesale to a person in a state or territory in which the importation and sale of wine is not prohibited by law; and, (c) at wholesale to a person in any foreign country.

This License is subject to the following conditions

1. The licensed premises and all books, records and other documents relating to the business authorized to be conducted under this license shall be subject to inspection at any time by any member of the Commission or any duly authorized agent thereof.
2. Alcoholic beverages shall not be kept or exposed for sale on premises other than those described in this license.
3. Alcoholic beverages shall not be sold delivered or furnished to any person under twenty-one years of age; or delivered by any person under eighteen years of age

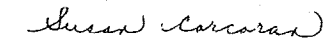
4. Sales and deliveries hereunder are authorized between the hours of 8:00 o'clock AM and 11:00 o'clock PM only.
5. The above-named holder must obtain a license issued under M.G.L. c.138 § 19F to sell at retail by the bottle to consumers, for consumption off the winery premises.

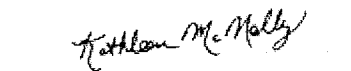
IN WITNESS WHEREOF, the undersigned have hereunto affixed their official signatures this 1/1/2012

2012

This License will expire 12/31/2012 unless otherwise suspended or revoked during this period.


Chairman


Susan Corcoran, Commissioner


Kathleen McNally, Commissioner

This license is issued conditionally and subject to the fact that there exists no breach of any condition of any previous license or violation of any law of the Commonwealth under any previous license and this license shall be subject to revocation, cancellation, modification or suspension for any such breach of condition or violation of law.

THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS PLACE WHERE IT CAN BE EASILY READ.

FEE \$22.00

**GUIDE/REQUIRED MATERIALS FOR APPLICATION TO OBTAIN
APPROVAL TO VEND UNDER THE SPECIAL FARMER WINERY
LICENSE TO SELL AT THE ACTON-BOXBOROUGH FARMER'S
MARKET, ACTON, MA**

Pursuant to MGL c138 s15F, a license must be obtained before selling wine at an agricultural event. Licensure is valid for the approved event only. The License fee is \$50.00.

To complete the application:

1. Fill in the Application for a Special Farmer Winery License. Fill in and sign the REAP Attestation. ✓
Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.

2. Attach proof of certification that the applicant is a Farmer Winery. ✓

3. Attach proof of certification that the event is an Agricultural Event. ✓

4. Proceed to each of these Departments to obtain sign-offs: ✓

? A. Fire Prevention Bureau: Monday – Friday, 9:00 – 4:00. Public Safety Building, Main Street

B. Inspectional Services Division: Monday – Friday, 8:00 AM – 4:00 PM, Building Department, Town hall.

✓ C. Police Department: Monday – Friday 9:00 – 4:00 PM. Public Safety Building, Main Street

5. Submit the application and the fee to the Town Manager's Office, 472 Main Street, Acton. The Licensing Board (Board of Selectmen) usually meets on every other Monday Evening. Applications must be submitted at least 20 days before the meeting.